# COST ESTIMATION FOR THE RESOURCES INDUSTRY

# Expression of Interest

# Application Form

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| --- | --- |
| **COURSE NAME** | Cost Estimation for the Resources Industry |
| **AusIMM CONTACT** | Kristy Burt, Senior Operations Manager, Courses, AusIMM kburt@ausimm.com |

Please complete the table below and return this, along with a copy of your CV, to kburt@ausimm.com

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| --- |
| **DETAILS** |
| **NAME:** |  |
| **AusIMM Member No:**(if applicable)**:** |  |
| **TRADING NAME** (if applicable)**:** |  |
| **OFFICE ADDRESS:** |  |
| **CONTACT TELEPHONE:** |  |
| **CONTACT EMAIL:** |  |
| **ABN:** |  |
| **ACN:** |  |
| **INSURANCE DETAILS:**  |

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| --- | --- | --- | --- | --- |
| **TYPE** | **POLICY NUMBER** | **INSURANCE COMPANY** | **LIMIT OF LIABILITY** | **EXPIRY DATE** |
| Public liability |  |  |  |  |
| Professional Indemnity |  |  |  |  |

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| **CAPABILITY PROFILE** |
| Please describe why you or your business is interested in working with AusIMM to facilitate this course, along with a summary of your relevant experience in the cost estimation field. |  |
| **REFEREES** (provide two referees) |

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| --- | --- | --- | --- |
| **REFEREE NAME** | **CONTACT DETAILS** | **DESCRIPTION OF WORK** | **ENGAGEMENT DATE** |
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By submitting this EOI Application Form, you (the applicant) acknowledge that:

1. You have read and understood the EOI form and appendix
2. The information you have provided in this form and relevant attachments is complete and correct
3. You consent to AusIMM collecting personal and/or sensitive information in this form, attachments and any emails received in relation to this EOI (further details below)
4. You consent to being contacted by AusIMM if additional information is required
5. This EOI form does not represent a formal commitment or contract of work.

***Collection of personal data***

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